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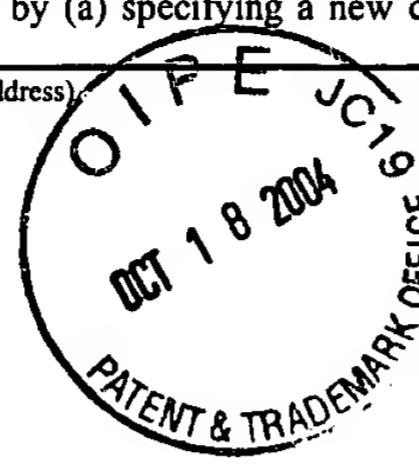
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04859 7590 08/23/2004

MACMILLAN SOBANSKI & TODD, LLC
 ONE MARITIME PLAZA FOURTH FLOOR
 720 WATER STREET
 TOLEDO, OH 43604-1619
 10/19/2004 RDEMESSE 00000129 130005 09915721

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Geena Licata	(Depositor's name)
	
October 13, 2004 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/915,721	07/26/2001	Jerry D. Schermerhorn	1-23271	8200

TITLE OF INVENTION: FLAT PLASMA DISPLAY PANEL WITH INDEPENDENT TRIGGER AND CONTROLLED SUSTAINING ELECTRODES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	11/23/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEURIG, SHARLENE L	2879	313-484000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MacMillan, Sobanski & Todd, LLC
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LG Electronics Inc.

Seoul, Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment. Deposit Account Number 13-0005 (enclose an extra copy of this form).

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Authorized Signature John B. Molnar

Date October 13, 2004

Typed or printed name John B. Molnar

Registration No. 31,914

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